



North Carolina Department of Health and Human Services
Division of Aging and Adult Services

2405 Mail Service Center • Raleigh, North Carolina 27699-2405
Courier 56-20-25 Phone 919-733-3818 Fax 919-715-0023

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Karen E. Gottovi, Director
(919) 733-3983

August 2, 2004

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:

ATTENTION: Adult Services Supervisors and Intake Supervisors

SUBJECT: ADULT PROTECTIVE SERVICES BASIC SKILLS TRAINING

The Division of Aging and Adult Services is pleased to announce that the Adult Protective Services Basic Skills Training will be conducted at four sites across the state during FY 2004-2005.

The Basic Skills training is essential for county staff with any level of responsibility for screening, evaluating, or providing Adult Protective Services (APS). The training provides county staff with a working knowledge of APS law, policy, and practice issues. It is designed for social workers who conduct evaluations and plan services for APS cases as well as for line supervisors with management responsibility for this program area. Social workers who have responsibility for adult services intake or who provide back up or after-hours coverage for APS will also find this training beneficial.

The first session of the training, Module I, is two days long and introduces participants to the field of Adult Protective Services. This session covers the statutory definitions used in APS and the policy requirements and practice issues related to receiving and screening APS reports. Staff responsible for intake and/or screening, and those who conduct evaluations or plan services for APS cases, should attend this session. **It is recommended that participants attend *Effective Social Work Practice in Adult Services: A Core Curriculum*, prior to attending Module I.** Basic knowledge and concepts covered in the *Core Curriculum* are not covered in Modules I or II of this training.

The second session, Module II, is three days long and will introduce staff to the knowledge and skills necessary for completing thorough evaluations, making case decisions, determining capacity to consent to services, obtaining court orders, and planning services to protect disabled adults. Staff responsible for these functions on a full time, back up or after-hours basis should attend this session. Staff responsible for intake only may also attend this session, as it will allow them to understand the full APS process. **Participants must have attended Module I, or have previously attended the Basic Skills Training in its entirety, as a prerequisite to Module II.**

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The dates and locations for the training are listed below. Modules I and II both begin at 9:30 a.m. on the first day and end at 3:30 p.m. on the last day. All other days of the training begin at 9:00 a.m. and end at 4:30 p.m. Participants should plan to stay near the training site unless they live within a reasonable commuting distance. Refreshments will not be provided but participants may bring their own drinks and snacks.

APS BASIC SKILLS TRAINING DATES AND LOCATIONS

MODULE I

September 1-2, 2004

Columbus County DSS
40 Government Complex Road
Whiteville, North Carolina

November 9-10, 2004

Haywood County Public Library
678 S Haywood Street
Waynesville, North Carolina

January 13-14, 2005

Cornelius Town Hall
21445 Catawba Avenue
Cornelius, NC

April 6-7, 2005

Martin Community College
1161 Kehukee Park Road
Williamston, North Carolina

MODULE II

September 14-16, 2004

Columbus County DSS
40 Government Complex Road
Whiteville, North Carolina

November 30, December 1-2, 2004

Haywood County Public Library
678 S Haywood Street
Waynesville, North Carolina

January 25-27, 2005

Cornelius Town Hall
21445 Catawba Avenue
Cornelius, NC

April 19-21, 2005

Martin Community College
1161 Kehukee Park Road
Williamston, North Carolina

Participants may register for Modules I and II at any of the sites. Participants may also register for Module I only at any of the sites. A registration form is attached. **Please make copies of this form if more than one person from your agency will be attending the training.** It is important that all information requested on the registration form be completed. Registration forms will be accepted for staff not yet identified by the county; however, names and identifying information must be submitted to the Adult Services Section two weeks prior to the date of the specified training session.

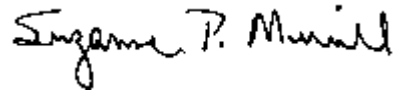
A maximum of thirty (30) participants will be accepted at each of the training sites and registration will be accepted on a first come, first served basis. There is no registration fee required for the training, however, **you must pre-register**. Participants will be sent a confirmation letter and directions to the training site. When available, suggestions about overnight accommodations will be provided prior to each training session.

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Please share this information with the appropriate staff and mark these dates on your calendars. If you or your staff have questions or need additional information regarding the content of the training, please contact Laura Cockman, APS Program Consultant, at (919) 733-3818 or your Adult Programs Representative. For all questions regarding registration, please contact Monica Nealous, Office Assistant, at the number referenced above.

To **insure registration** at a selected location, send your registration as soon as possible. The registration form may be **mailed or faxed** to Monica Nealous at NC Division of Aging and Adult Services, 325 North Salisbury Street, 2405 MSC, Raleigh, North Carolina 27699-2405. FAX: (919) 715-0023. **On-line registration** is also available at <http://www.ncswtrain.org/>.

Sincerely,

A handwritten signature in black ink that reads "Suzanne P. Merrill". The signature is written in a cursive style with a large, stylized 'S' and 'M'.

Suzanne P. Merrill, Chief
Adult Services Section

SPM/lsc

AFS-06-2004

Attachment

Adult Services, NC Division of Aging and Adult Services Registration Form

Have you attended the prerequisites for this training event?

(For prerequisite information please refer to the training description)

☐ Yes ☐ No

☐ Not Applicable for this Training

First Name: _____ MI: _____ Last Name: _____

If you have ever registered for a training under a different name, what is that name? _____

"Goes By" Name: _____ Social Security Number: _____ Gender: ☐ Female ☐ Male
(SSN requested for internal record keeping purposes only)

Race/Ethnicity (Optional):
☐ Caucasian ☐ African American ☐ Latino/Hispanic ☐ Asian/Pacific Islander ☐ Native American/Eskimo ☐ Mixed Race

Home Phone (please include area code): _____ Work Phone & Extension (please include area code): _____
() ()
Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: _____ Fax #: () _____

Agency Name: _____

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): _____

City: _____ State: _____ Zip Code: _____

State Courier #: _____ County: _____

Supervisor's Full Name: _____ Supervisor's Phone (please include area code): () _____

Employment Type:	Work Type:	Program Responsibilities:	Other Roles:
<input type="checkbox"/> Not applicable <input type="checkbox"/> County DSS - Permanent <input type="checkbox"/> County DSS - Temporary <input type="checkbox"/> County Non-DSS <input type="checkbox"/> Federal Agencies <input type="checkbox"/> State Agency/Public University <input type="checkbox"/> Private University/College <input type="checkbox"/> Private Agency/Business	<input type="checkbox"/> Direct Client Service <input type="checkbox"/> Line Supervisor <input type="checkbox"/> Trainer/Staff Development <input type="checkbox"/> Program Manager <input type="checkbox"/> Program/Admin. Support <input type="checkbox"/> Director <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable	<p>If you are NOT a county DSS worker, please skip to the next box (Check all that apply)</p> <input type="checkbox"/> Adult Care Home CMS <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Adult Home Specialist <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Adult Services Intake <input type="checkbox"/> At-Risk Case Management <input type="checkbox"/> Attorney <input type="checkbox"/> Guardianship <input type="checkbox"/> In-Home Aide Services <input type="checkbox"/> Special Assistance <input type="checkbox"/> Trainer <input type="checkbox"/> Other	<p>Complete this box if you are NOT a county DSS worker</p> <input type="checkbox"/> Aging Services <input type="checkbox"/> Attorney/Judicial <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Health/Medical <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Long Term Care <input type="checkbox"/> Mental Health <input type="checkbox"/> Student/Student Intern <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Other

Highest Degree	Highest Social Work Degree
<input type="checkbox"/> HS <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor	<input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> BSW/BSSW <input type="checkbox"/> MSW/MSSW <input type="checkbox"/> PhD/DSW

Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached
Training Event you are registering for: _____

Date(s) of Training Event: _____

Location of Training Event: _____

If you are replacing a registered co-worker, what is his/her name: _____

If you are making up a missed training day, which day are you making up? _____